

## CHAPTER 4

### SECTION 5

## CREDENTIALING REQUIREMENTS FOR NETWORK PROVIDERS

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### 1.0. GENERAL

1.1. Institutional and individual providers shall comply with contract certification requirements (refer to [32 CFR 199.6](#); [Policy Manual, Chapter 10](#); and this chapter) and the Lead Agent Requirements as specified in the contract.

1.2. The contractor shall ensure that institutional and individual providers understand and comply with the provisions of the TRICARE clinical quality management and utilization management review programs (see [Chapter 7, Section 1](#) and [2](#)). The contractor shall notify the Lead Agent, in writing, within ten calendar days of learning of a change in an institutional provider's JCAHO or equivalent accreditation status.

1.3. Provider agreements shall address the provision of medical records and other documentation by providers whose cases come under review in either the TRICARE clinical quality management program or the utilization management program ([Chapter 7, Section 3](#)) as well as contractor operated quality and utilization review programs. Provider contracts shall also contain a provision authorizing the National Quality Monitoring Contractors to release all review data to the contractor (see [Chapter 7, Section 3](#)).

### 2.0. DEPARTMENT OF VETERAN'S AFFAIRS PROVIDERS

Contractors may consider Department of Veteran's Affairs providers for participation in contractors' networks.

2.1. Department of Veterans' Affairs Health Care Facilities (DVAHCF) may participate in accordance with [Policy Manual, Chapter 10, Section 1.1](#).

2.2. Individual providers who meet the Department of Veterans' Affairs requirements shall be deemed to meet the requirements under this contract for health care services provided in the DVAHCF.

### 3.0. INSTITUTIONAL PROVIDERS

3.1. An institutional network provider file shall contain documented evidence of the network provider's qualifications fulfilling each and every requirement. Each year the contractor shall conduct an audit [at the 85% confidence level and five percent precision level] of all prime contractors' and sub-contractors' institutional provider files. The audit shall be completed prior to the start of each option period. Thirty calendar days prior to each audit, the contractor shall invite the Lead Agent to monitor and/or participate in the audit. Not less than 85% of the audited files shall be in full compliance with [Chapter 4, Addendum B](#). Within five business days of the completion of the audit's provider file review, the

contractor shall submit to the contracting officer and the Lead Agent a written corrective action plan which addresses all files not in full compliance. Within 30 calendar days after completion of the audit's provider file review, the incomplete or incorrect files shall be corrected to full compliance.

**3.2.** The contractor shall notify the Lead Agent, in writing, within ten days of learning of a change in an institutional providers' JCAHO or equivalent accreditation status.

#### **4.0. ACUTE CARE HOSPITALS**

All acute care hospitals in the network shall be members of the National Disaster Medical System (NDMS) network unless it can be shown that they do not qualify for membership.

**NOTE:** The Contracting Officer may approve waivers of this requirement on a case-by-case basis. All waiver requests shall be submitted through the Lead Agents to the Contracting Officer.

#### **5.0. INDIVIDUAL NETWORK PROVIDERS**

Contractors may meet some credentialing requirements for individual network providers by furnishing documentation of accreditation ([Chapter 4, Addendum B, paragraph 5.1.](#)) or by subcontracting with credentials verification organizations that use primary source files. Contractors may use subcontractors to fulfill contractor credentialing responsibilities. Provider certification/credentialing files may be located in the credentialing subcontractor's facility.

##### **5.1. Individual Network Provider Certification, Credentialing, And Privileging Files**

Contractors shall verify provider certification/credentialing file information either through the primary source, through NCQA accredited database repositories, or by subcontracting with credentials verification organizations that use primary source files. Refer to [32 CFR 199.6](#); [Policy Manual, Chapter 10](#); [OPM, Chapter 4, Section 1](#); and [Chapter 4, Addendum B, paragraph 5.1.](#), for documentation requirements.

##### **5.2. Provider File Audits**

Each year, the contractor shall conduct an audit [at the 85% confidence level and five percent precision level] of all prime contractors' and sub-contractors' individual network provider credentialing and privileging files. The audit shall be completed prior to the start of each option period. Thirty calendar days prior to each audit, the contractor shall invite the Lead Agent to monitor and/or participate in the audit. Not less than 85% of the audited files shall be in full compliance with all provider file requirements. Within five business days of the completion of the audit's provider file review, the contractor shall submit to the administrative contracting officer and the Lead Agent a written corrective action plan which addresses all credentialing and privileging files not in full compliance. Within 30 calendar days after completion of the audit's provider file review, the incomplete or incorrect files shall be corrected to full compliance.

### 5.3. Provider Background Checks

Contractors shall conduct background checks on individuals working in MTFs and on network providers not working in MTFs according to the following requirements:

#### 5.3.1. Criminal History Background Checks

Contractors shall perform criminal history background checks in accordance with [Chapter 4, Addendum C](#), DoDI 1402.5, "Criminal History Background Checks on Individuals in Child Care Services," for resource sharing and resource support personnel working in an MTF involved on a frequent and regular basis in the provision of care and services to children under the age 18. The background checks are required by Criminal Control Act, P.L. 101-647, Section 231 (CC Act 1990, 42 U.S.C. Section 13041). The contractor shall assemble all necessary documentation required by [Chapter 4, Addendum C](#) for the background checks and forward the documentation to the office designated by the administrative contracting officer (ACO) or to the office designated in the Memorandum of Understanding (see [Chapter 16, Addendum A](#)).

**5.3.1.1.** For health care practitioners requiring MTF clinical privileges, the contractor shall furnish completed background check documentation to the MTF commander prior to the award of privileges.

**5.3.1.2.** For individuals who require background checks but not clinical privileges, the contractor shall furnish the completed documentation to the MTF commander prior to employment at, or assignment to, the MTF.

**5.3.1.3.** While waiting the 30 day minimum period for a background check to be completed, the contractor shall follow the Criminal History Background Check Procedures outlined in [Chapter 4, Addendum C](#).

**NOTE:** *A criminal history background check is not required during the recredentialing process. The contractor shall complete the criminal history background check at the time of initial credentialing and shall continue to follow the DoDI 1402.5 ([Chapter 4, Addendum C](#)) which calls for a re-check after five years.*

#### 5.3.2. Criminal History Checks

Contractors shall perform criminal history checks on certain physician (see [paragraph 5.3.2.1.](#) below) and non-physician (see [paragraph 5.3.2.2.](#) below) network providers. Contractors may search federal, state, and county public records in performing criminal history checks. Contractors may subcontract for these services; for example, MEDI-NET, Inc., provides physician screening services, and ADREM Profiles, Inc., performs criminal history checks. The contractor shall document, in a form of the contractors' choosing, the AMA screen and the results of all criminal history checks.

**5.3.2.1.** Contractors shall screen their TRICARE network physicians' licensure and discipline histories using the American Medical Association's (AMA's) master file. Contractors shall check the criminal histories of physicians with anomalies in their licensure history [i.e., who have four or more active and/or expired licenses] or who have been disciplined.

**5.3.2.2.** Contractors also shall perform criminal history checks on all non-physician providers who practice independently and who are not supervised by a physician (refer to [32 CFR 199.6\(c\)\(3\)](#), for types of providers).

**5.3.3.** The contractor shall maintain a copy of all background check documentation with the provider certification files as required by [Chapter 4, Addendum B](#).

**5.3.4.** The contractor is financially responsible for all credentialing requirements, including background checks.

**NOTE:** *A criminal history check is not required during the recredentialing process. A criminal history check shall be completed by the contractor at the time of initial credentialing for those providers for whom criminal history checks are required.*